



Williamsburg Parks & Recreation

Boys Basketball Camp



Quarterpath Recreation Center
Monday, July 31, 2006 to Thursday, August 3, 2006

Boys: Ages 5 - 8 9:00 a.m. to 11:00 a.m.
Boys: Ages 9 - 14 12:00 p.m. to 3:00 p.m.

Instruction by **Hampden - Sydney College**
Bubba Smith - Head Basketball Coach
Kevin Garst - Assistant Coach

	Registration Fee:
Boys: Ages 5 - 8	\$45 first child / \$30 each additional sibling
Boys: Ages 9 - 14	\$60 first child / \$40 each additional sibling

Must be received no later than **Monday, July 24, 2006**

Register at: Quarterpath Recreation Center. Hours of operation: Monday - Friday 8:00 a.m. to 9:00 p.m., Saturday 9:00 a.m. to 6:00 p.m. and Sunday 1:00 p.m. to 8:00 p.m.

Register by Mail: Complete the registration form below and return it with your check made payable to Williamsburg Recreation, 202 Quarterpath Road, Williamsburg, VA 23185

For more information, please contact Williamsburg Recreation at (757) 259-3760

"The City of Williamsburg does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability in employment or the provision of services."

(Detach the section below the dotted line and return with payment)

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Child's Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Date of Birth: ____ / ____ / ____ **Williamsburg:** ☐ **JCC:** ☐ **YC:** ☐ **Other:** ☐
Parent(s): _____ **Phone:** _____
Other Phone: _____

I (we), the below-signed certify (1) That the above information is correct; (2) That in consideration and as a condition of the above identified registrant's participation in the Basketball Camp, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program; and (3) That the responsibility for carrying appropriate medical plans, including hospitalization lies with the below-signed parent/guardian.

Signature of Parent / Guardian: _____ **Date:** _____

REGISTRATION FEE PAID \$ _____ **Check** ☐ **Cash** ☐ **Charge** ☐ **DATE** _____